# VULNERABLE ADULT PROTECTIVE SERVICES/RISK ASSESSMENT

ND DEPARTMENT OF HUMAN SERVICES
AGING SERVICES
SFN 1267 (06-2003)

| Client's Name: | Date of Birth: | Sex: |
|---|---|---|
| Mailing Address: | Referred By: | |
| County of Residence: | Telephone Number: | |
| Initial Referral Date: | Allegation: ☐ Abuse ☐ Neglect ☐ Self Neglect ☐ Exploitation | |

**Scoring:** In each section of Client Factors listed below, select the description (1, 2, 3) that best fits the client. Transfer the number for that description to the scoring column on the far left. An overall risk assessment score will be determined at the beginning of a case and again prior to closing the case. 1 represents No/Low Risk, 2 represents Intermediate Risk and 3 represents High Risk.

| INITIAL CONTACT | FOLLOW UP | I. CLIENT FACTORS |
|---|---|---|
| | | A. Client Age/Sex<br>1) 18-64 Female, 18-74 Male<br>2) 65-74 Female<br>3) 75+ Male or Female |
| | | B. Physical Health and ADL's<br>1) Ambulatory; minimal physical disability; capable of meeting all ADL's<br>2) Moderate physical disability; difficulty ambulating (requires prosthesis - cane, walker, etc.); hands-on assistance to be ambulatory; occasionally non-ambulatory, needs help with 1 or 2 ADL's.<br>3) Severe and functionally limiting disability; bedridden, completely dependent on others; uncontrolled or debilitating chronic disease; deteriorating functional ability; needs help with all ADL's.<br><br>**ADL's** = eating, dressing, bathing, toileting, personal hygiene, mobility, using telephone, shopping for food and clothing, meal preparation, housework, laundry, transportation, taking care of financial affairs. |
| | | C. Mental and Emotional Health and Substance Abuse<br>1) None; minimal/controlled mental or emotional disability; no indication of substance abuse history.<br>2) Moderate dementia; impaired reasoning capability; decompensated mental illness; capacity to consent fluctuates or is questionable; periodic episodes of substance abuse (specify type: _____.)<br>3) Profound dementia; seriously mentally ill; confusion; new rapid deterioration of mental/emotional health; lacks capacity to consent; active substance abuse (specify type _____.)<br><br>***A score of 3 requires a capacity screening form.**<br><br>Question to help determine capacity should reveal if client is oriented to person, place and time. Also consider: Does client understand the situation? |
| | | D. Acceptance of Services<br>1) Client is willing to accept treatment of services.<br>2) Client resists needed treatment or services.<br>3) Client refuses needed treatment or services. |
| | | E. Financial Resources<br>1) Sufficient finances that enable the client to provide for necessities; financially independent from others.<br>2) Semi-dependent on others financially; barely capable of providing for necessities.<br>3) Completely dependent on others; unable/unwilling to provide for his/her own necessities: |

| **Initial Score Subtotal:** | **0** | **Follow-up Score Subtotal:** | **0** |
|---|---|---|---|

| INITIAL CONTACT | FOLLOW UP | II. ENVIRONMENTAL FACTORS |
|---|---|---|
| | | A. Appropriateness of Shelter<br>1) No structural problems identified; shelter appropriate for client circumstances.<br>2) Safety or structural problems identified tht pose some degree of risk.<br>3) Client living in a structurally deficient or condemned home; fluctuating shelter arrangements; gross safety problems; homeless. |
| | | B Appropriate Environment for the Client<br>1) Environment appropriate for client health and safety.<br>2) Shelter poses some health and safety problems.<br>3) Shelter poses special problems such as location; lack of one or more utilities; significant safety issues; client is homeless. |
| | | C. Cleanliness of Shelter<br>1) Shelter meets reasonable standards of cleanliness; trash is not exposed; no odors present.<br>2) Trash and garbage not disposed of; cluttered; strong odors; numerous pets; some evidence of pest, insect infectation, urine or feces present; confined pets; hoarding behavior evident; trails/paths in home; client homeless. |
| **Initial Score Subtotal:** | **0** | **Follow-up Score Subtotal:** **0** |

| INITIAL CONTACT | FOLLOW UP | III. SUPPORT SERVICES FACTORS |
|---|---|---|
| | | A. Availability and accessibility of services and transportation<br>1) Adequate community resources available; client able to leave residence on a regular basis; transportation available when needed-client able to access.<br>2) Limited services available; public transportation is unavailable; private transportation is problematic and unreliable.<br>3) Isolated from community services; services inaccessible or not available or refused; transportation services not available without assistance. |
| | | B. Support Network<br>1) Family or others available, able and willing to provide or arrange needed services; is receiving services.<br>2) Support available but not in geographical area; support provided is irregular in quantity and/or frequency' limited knowledge of available resources.<br>3) Client is socially isolated; no knowledge of formal support system; unable or unwilling to access available resources. |
| **Initial Score Subtotal:** | **0** | **Follow-up Score Subtotal:** **0** |

| INITIAL CONTACT | FOLLOW UP | IV. CURRENT AND HISTORICAL FACTORS |
|---|---|---|
| | | A. Severity of Physical or Psychological Abuse<br>1) No noticeable injuries to bony body parts (i.e. knees, elbows); no noticeable adverse psychological effect on the client.<br>2) Minor or unexplained injuries; pattern demonstrates increasing severity of abuse; client is evidencing some adverse psychological effects of abuse (fear, anger, withdrawal, denial, and depression).<br>3) The client requires immediate medical treatment; any type of sexual abuse; increasing pattern or frequency of injuries or abuse; client shows signs of psychological effects of abuse. |
| | | B. Frequency and Severity of Exploitation of Client or Client Property<br>1) None identified; exploitation identified on too small a scale to impact client's health, safety or well being.<br>2) Consistent pattern of exploitation identified which could deplete the estate or threaten the health, safety or well being of the client.<br>3) Exploitation which threatens the health, safety or well being of the client; deprives the client of the necessities of life; any methodical misuse of client's resources; non-payment of expenses incurred by client (eviction, or cut off notices). |
| | | C. Severity of Neglect (Self or Others)<br>1) None identified; neglect with little risk to the client.<br>2) Deprivation of sufficient supervision; deprivation of basic daily needs, i.e. food, shelter, medical care, etc.<br>3) The client requires immediate intervention; the client is at risk of death or serious harm for lack of sufficient supervision or care. |
| | | D. Quality of Care (Self or Others)<br>1) Client and/or caregiver are well informed, responsible, and provide the care necessary.<br>2) Client and/or caregiver provide care with limited knowledge and skills for the level or responsibility required and this may contribute to risk.<br>3) Client is at risk due to self/caregiver irresponsibility; lack of knowledge, skills and abilities; chooses to receive substandard care from self or others. |
| | | E. History of Abuse, Neglect (self or other) or Exploitation<br>1) No known history of abuse, neglect or exploitation.<br>2) Any previous report of abuse, neglect or exploitation.<br>3) On-going history or pattern of increasing frequency of abuse, neglect, or exploitation; an previous report that led to prosecution. |
| **Initial Score Subtotal:** | **0** | **Follow-up Score Subtotal:** **0** |

| CAREGIVER NAME: | | | |
|---|---|---|---|
| Address: | City: | State: | Telephone Number: |
| Relationship to Vulnerable Adult: | | | |

| INITIAL CONTACT | FOLLOW UP | V. CAREGIVER/PERPETRATOR FACTORS |
|---|---|---|
| | | A. Access to the Client<br>1) Never or rarely alone with the client; client has regular contact with others in or out of household; multiple shifts of caregivers.<br>2) Sporadic presence of others in the home; limited opportunity to be alone with the client.<br>3) Unrestricted access to the client; has 24-hour care responsibilities; client isolated and dependent on caregiver for total care. |
| | | B. Coping Skills to Life Crisis<br>1) Realistically adapts and adjusts to life crises.<br>2) Difficult or inappropriate or unrealistic adjustment to life crises i.e. frustration, fatigue, depression, anger; caregiver socially isolated.<br>3) Overreaction or highly inappropriate reaction to investigation; alleged perpetrator not family member or caregiver; opportunistic behavior on part of alleged perpetrator. |
| | | C. Physical Health of Caregiver/Perpetrator<br>1) Good health; minimal and controlled physical difficulties.<br>2) Physical handicap; episodic physical difficulties; poor health; poorly compensated or controlled chronic illness.<br>3) Severe and functionally limiting physical disability; chronic or uncontrolled disease; recent, deterioration of physical health. |
| | | D. Caregiver/Perpetrator Mental and Emotional Health<br>1) No emotional difficulties identified; realistic expectations of the client; can problem solve.<br>2) Periodic mental/emotional difficulties; poor reasoning abilities; unrealistic expectations of the client; somewhat unresponsive to the client; use client's resources to buy drugs/alcohol.<br>3) Severe and functionally limiting mental disability; history of chronic or mental illness; unresponsive to the client's needs; unprepared for caregiving role; threatens clients with institutionalization; caregiver has developmental disability or mental illness; is using clients funds or resources for benefit of others. |
| | | E. Caregiver/Prepetrator and Victim Dynamics<br>1) No problems identified related to allegations.<br>2) Client protects the alleged perpetrator by making excuses for the behavior; client denies or minimizes situation.<br>3) Client has a need to protect the perpetrator; the relationship between the victim and the caregiver/perpetrator is one that allows the victim to tolerate abuse, neglect or exploitation; client doesn't have the cognitive skills necessary to identify or recognize the situation. |
| | | F. Level of Cooperation with the Assessment Process<br>1) Awareness of problem; works with the VAPS worker to resolve problems and better meet the needs of the client; unable to locatae alleged perpetrator and/or alleged perpetrator no longer has contact with client.<br>2) Reluctantly cooperates with the assessment; cooperation contingent on outside influences.<br>3) Refuses to cooperate with the assessment; does not believe there is a problem that needs attention; does not respond to letters or requests for interviews. |
| | | G. Financial Dependency on the Victim<br>1) Financially independent of the victim.<br>2) Cares for the victim due to financial need; client is responsible for providing supplemental support; indication of opportunistic behavior is recognized.<br>3) The perpetrator is financially dependent on the victim; history of opportunistic behavior is identified; alleged perpetrator has history of exploitative behavior. |
| | | H. History of Substance Abuse<br>1) No history of identified.<br>2) Episodic history of substance abuse, specify type _____<br>3) History of chronic substance abuse, specify type _____ |

| **Initial Score Subtotal:** | **0** | **Follow-up Score Subtotal:** | **0** |
|---|---|---|---|

| **Action Taken:** | **Case Termination:** |
|---|---|
| ☐ No services/actions needed | ☐ Client refused services |
| ☐ Service plan offered but refused | ☐ Client moved out of area, institutionalized or died |
| ☐ Service plan completed | ☐ No resources or services available or inadequate services |
| ☐ Referral to another agency | ☐ Service plan goals met |
| ☐ Other | ☐ Other |

Worker Comments:

| Worker Signature: | Date: |
|---|---|

**Instructions:** Assess the level of risk for the client in every element listed in the assessment tool and add the scores to arrive at a subtotal for each set of factors. For elements in which the client is at low risk, assign a score of 1; for elements in which the client is at intermediate risk, assign as score of 2. And so on. If there is no caregiver or alleged perpetrator, score the section as 0. Add all the scores to arrive at a subtotal for each set of factors. Transfer the subtotals to the scoring grid on this page and record the total score in the blank provided. Determine the level of risk by consulting the scale given below. Repeat the process on follow-up and/or when considering case closure. Unless there are very unusual, **documented** circumstances, a case should not be closed as long as a client continues to score at **High Risk**.

**SUMMARY OF SCORES:**

| **Add Subtotal Scores:** | **Initial Contact** | **Follow-Up** |
|---|---|---|
| Client Factors | **0** | **0** |
| Environmental Factors | **0** | **0** |
| Transportation/Support Services Factors | **0** | **0** |
| Current and Historical Factors | **0** | **0** |
| Perpetrator Factors | **0** | **0** |
| **TOTAL SCORE:** | **0** | **0** |

**Range of Scores for Risk Assessment:**

| **Self Neglect** | **Caregiver/Perpetrator** | **Level of Risk** |
|---|---|---|
| 15 - 18 | 23 - 26 | No/Low Risk |
| 19 - 22 | 27 - 30 | Intermediate Risk |
| 23 - 45 | 31 - 69 | High Risk |
| **Overall Assessment of Risk for this situation =** | | |
| **Assessment of Risk at follow-up =** | | |

**Scoring Implications**

An overall **no risk/low risk** score indicates the situation has a low likelihood of reoccurring.
An overall **medium/intermediate risk** score indicates that the situation may continue or possible escalate.
An overall **high-risk score indicates** the situation will very likely continue and probably escalate.